
Pills Rendering Menstrual Period Optional

- By LINDA A. JOHNSON, Associated Press Writer
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For young women with a world of choices, even that monthly curse, the menstrual period, is optional.

Thanks to birth control pills and other hormonal contraceptives, a growing number of women are taking the path chosen by 22-year-old Stephanie Sardinha.

She hasn't had a period since she was 17.

"It's really one of the best things I've ever done," she says.

A college student and retail worker in Lisbon Falls, Maine, Sardinha uses Nuvaring, a vaginal contraceptive ring. After the hormones run out in three weeks, she replaces the ring right away instead of following instructions to leave the ring out for a week to allow bleeding. She says it has been great for her marriage, preventing monthly crankiness and improving her sex life.

"I would never go back," said Sardinha, who got the idea from her aunt, a nurse practitioner.

Using the pill or other contraceptives to block periods is becoming more popular, particularly among young women and those entering menopause, doctors say.

"I have a ton of young girls in college who are doing this," says Dr. Mindy Wiser-Estin, a gynecologist in Little Silver, N.J., who did it herself for years. "There's no reason you need a period."

Such medical jury-rigging soon will be unnecessary. Already, the Seasonale birth control pill limits periods to four a year. The first continuous-use birth control pill, Lybrel, likely will soon be on the U.S. market and drug companies are lining up other ways to limit or eliminate the period.

Most doctors say they don't think suppressing menstruation is riskier than regular long-term birth control use, and one survey found a majority have prescribed contraception to

prevent periods. Women have been using the pill for nearly half a century without significant problems, but some doctors want more research on long-term use.

The new methods should be popular. A non-scientific Web survey for the Association of Reproductive Health Professionals found at least two-thirds of respondents are bothered by fatigue, heavy bleeding, "really bad cramps" and even anger. Nearly half said they would like to have no period at all or decide when to have one.

For some women, periods can cause debilitating pain and more serious problems.

Two recent national surveys found about 1 in 5 women have used oral contraceptives to stop or skip their period.

"If you're choosing contraception, then there's not a lot of point to having periods," says Dr. Leslie Miller, a University of Washington-Seattle researcher and associate professor of obstetrics and gynecology whose Web site, noperiod.com, explains the option. She points out women on hormonal contraception don't have real periods anyway, just withdrawal bleeding during the break from the hormone progestin.

According to Miller, modern women endure up to nine times more periods than their great-grandmothers, who began menstruating later, married young and naturally suppressed periods for years while they were pregnant or breast-feeding. Today's women may have about 450 periods.

Still, surveys also show most women consider monthly periods normal. Small wonder: Girls learn early on that menstruation is a sign of fertility and femininity, making its onset an eagerly awaited rite of passage.

The period is "way over-romanticized," says Linda Gordon, a New York University professor specializing in women's history and the history of sexuality.

"It doesn't take long for women to go from being excited about having a period to feeling it's a pain in the neck," said Gordon, author of "The Moral Property of Women: A History of Birth Control Politics in America."

She says caution is needed because there's not enough data on long-term consequences of using hormones continuously. Gordon notes menopausal women for years were told that hormone drugs would keep them young — until research uncovered unexpected risks.

"People should proceed very cautiously," she says.

Today's birth control pills contain far less estrogen and progestin than those two generations ago, but still increase the risk of heart attack, stroke and blood clots. The pill should not be used by women who have had those conditions, unexplained vaginal bleeding or certain cancers, or if they are smokers over 35.

But there are benefits from taking oral contraceptives too, such as a lower risk of ovarian and endometrial cancer, osteoporosis and pelvic inflammatory disease. And forgoing periods means no premenstrual syndrome and a lower risk of anemia and migraines, says Dr. Sheldon Segal, co-author of "Is Menstruation Obsolete?" Segal has been involved in research for several contraceptives.

Almost since the first pill arrived in 1960, women have manipulated birth control to skip periods for events such as a wedding, vacation or sports competition. Female doctors and nurses were among the first to block menstruation long-term to suit their schedules, said Susan Wysocki, head of the National Association of Nurse Practitioners in Women's Health.

"They were then more comfortable recommending it to their patients," said Wysocki, who uses a vaginal ring to prevent menstruation.

The idea gained momentum after Barr Pharmaceuticals launched Seasonale in November 2003. It's a standard birth control pill taken for 12 weeks, with a break for withdrawal bleeding every three months. Amid wide acceptance by doctors, sales shot up 62 percent last year, to \$110 million.

Publicity for Seasonale made women wonder, if just four periods a year are OK, why have any at all?

Users of Pfizer Inc.'s Depo-Provera, a progestin-only contraceptive shot lasting three months, usually are period-free after a year or two. There's now a generic version, but the drug can thin bones.

And many women have been getting extra prescriptions so they could continuously stay on birth control pills, the Ortho Evra patch or the vaginal ring, rather than bleeding every fourth week. That schedule was set by the original birth control designers to mimic

normal menstrual cycles. But the extra prescriptions have led to insurance company hassles.

"What Seasonale did is get rid of that nuisance," says Dr. Peter McGovern of University of Medicine and Dentistry of New Jersey.

New extended-cycle contraceptives will do the same. Wyeth is hoping by late June to get Food and Drug Administration approval to sell Lybrel, its low-dose, continuous birth control pill; approval also is pending in Canada and Europe.

Also in June, FDA should decide whether to approve Implanon, a single-rod, three-year contraceptive implanted in the upper arm that maker Organon USA has been selling it in Europe for a decade.

Berlex Inc. is developing its own birth control pill for menstrual suppression.

Barr, aiming to be a leader in extended contraception, last November bought the maker of ParaGard, an intrauterine device that blocks periods in some women. Barr's new product Seasonique, a successor to Seasonale, likely will get federal approval at week's end.

Dr. Patricia Sulak, who researches extended contraception at Texas A&M College of Medicine, applauds this new trend. The doses in standard pills are now so low, she said, that having seven days off them raises the risk of pregnancy.

"This redesign is way overdue," she says. "It's going to be the demise of 21-7."

On the Net:

Dr. Leslie Miller's site:

Association of Reproductive Health Professionals:

www.noperiod.com

www.arhp.org/

URL: <http://sfgate.com/cgi-bin/article.cgi?file=/n/a/2006/05/21/national/a175339D05.DTL>